

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10218

APR 24 1935

1. PLACE OF DEATH

County Lewis Registration District No. 712
 Township Lebanon Primary Registration District No. 5941
 City Lebanon (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 15
 St. _____ Ward _____

2. FULL NAME

Lozer L. Landen
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE-OF Anna Landen nee
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 27, 1882
 7. AGE YEARS 51 MONTHS 3 DAYS 23 IF LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) 7/25 11. Total time (years) spent in this occupation. 3 1/2 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrens, Va
 13. NAME Frank W. Landen
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North York, Va
 15. MAIDEN NAME Ada N. Allison
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrens, Va

17. INFORMANT (ADDRESS) Maym E. White
1231 Grand Avenue, City
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Lawn DATE 3/25 - 1935
 19. UNDERTAKER (ADDRESS) W. J. Cooper
Richard, Mo.
 20. FILED 3, 24 1935 Carl A. Oliver
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-24 1935
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Causes unknown. Coronary Artery.
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Other contributory causes of importance:
Found blood in Bed at home blood about 3 weeks. Natural Cause. No violence.
 Name of operation _____ Date of _____
 What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Levi Harrison, Jr. acting Coroner
 (Address) Richland, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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WRITE PLAINLY, WITH CAPS AND UNDERLINES. THIS IS A PERMANENT RECORD

